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ABSTRACT

This report offers task force recommendations to provide greater support and understanding for adolescents and young adults. The Commission report and recommendations focus on the issues of teenage pregnancy, drug and alcohol abuse, juvenile delinquency, dropping out of school, and suicide. Part 1, "Growing Up in Texas," begins with an analysis of costs to the state incurred by programs to address excessive number of school dropouts, the lack of adequate basic skills development, and youth in trouble, calling for greater attention to preventive measures. This discussion is followed by a demographic survey of the status of Texas youth. Part 2, "Forces for Effective Change," reviews the status, problems, and needs of current service delivery systems for youth and provides recommendations for their improvement. Discussion focuses upon the following: (1) school-based service delivery; (2) media, including radio and television, as a way of promoting public awareness of youth problems and solutions; (3) family education and involvement; (4) peer mentor programs; and (5) coordination and information sharing among agencies and organizations. Part 3 discusses the roles and responsibilities of federal, state, and local governments; public school systems; human service agencies; parents, families, and advocacy groups; and Texas citizens. The final part describes projects sponsored by the commission, including a call-in radio program, a live interactive television workshop, community interventions, and a study of mental health among college students. Notes and resources are appended. (TE)

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REACHING OUT TO YOUTH

A Report of the Commission on the Mental Health of Adolescents and Young Adults

Hogg Foundation for Mental Health

1990

ED325792

FORCES FOR EFFECTIVE CHANGE

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REACHING OUT TO YOUTH

A Report of the
Commission on the Mental Health of
Adolescents and Young Adults

50 years

Hogg Foundation
for Mental Health

The University of Texas
Austin, Texas 78713-7998

1990

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CONTENTS

4 PREFACE

7 INTRODUCTION

8 GROWING UP IN TEXAS
- Pay Now — Or Pay the Consequences
- The Status of Texas Youth

12 FORCES FOR EFFECTIVE CHANGE
- Schools
- Media
- Families
- Peers
- Agencies and Organizations

29 THE NEXT STEPS: ROLES AND RESPONSIBILITIES

31 COMMISSION-SPONSORED PROJECTS
- Telecommunications
- Community Interventions
- Mental Health of College Students

33 RESOURCES

35 ENDNOTES

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PREFACE

In 1940, with an endowment from Will C. Hogg and the vision of his sister, Ima Hogg, the Hogg Foundation for Mental Health was created to "share with the people of Texas the achievements and experience of mankind toward better mental health." In 1990, as it celebrates its 50th anniversary, the Foundation is continuing to pursue that goal.

When the Foundation began, Texas was a rural state with a population one-third the size it is today. The Foundation's initial emphasis was on education, with activities designed to meet the needs of the time. Staff members served as modern-day circuit riders, visiting hundreds of rural communities, small towns, and medium-sized cities throughout Texas to talk about mental health to persons who lived outside the state's large cities and had less access to information and services.

As the state has grown, the activities and scope of the Foundation have grown with it to serve the changing population. Mental health education was expanded in the 1950s through the development and wide-scale distribution of pamphlets, books, and radio programs. Services were broadened to include education and training programs for mental health professionals, more state and community services, increased cooperative efforts with other Southwest foundations, and support for mental health research.

Interventions for special populations—disadvantaged ethnic minorities, persons with mental illness, the aged, and the very young—were emphasized in the 1960s. In those years, the Foundation awarded grants for innovative demonstration projects to serve special populations in every part of the state. Since that time, it has generated a greater awareness of mental health through its grantmaking and education activities and reached more individuals and groups through the varied and innovative programs it has supported to serve citizens throughout the state.

To mark 50 years of service to Texas citizens and to prepare for the years ahead, the Foundation in 1987 broadened its activities again, establishing three commissions to study special issues and populations.

• The Commission on Community Care of the Mentally Ill studied the mental health service delivery system in Texas, focusing on how communities could provide more adequate and effective services to adults with severe mental illness and their families. Its findings and recommendations are presented in the Commission's report, *Texans with Severe Mental Illness*. A more detailed review appears in *Technology, Training, Collaboration*, a report of the study committees.

• The Commission on the Mental Health of Children and Their Families addressed the needs of infants and young children, with an emphasis on the prevention of potential problems, especially for children growing up in poverty and at risk. *Texas Children* is a report of their findings and recommendations.

• The Commission on the Mental Health of Adolescents and Young Adults focused on the forces that influence and shape the lives of young

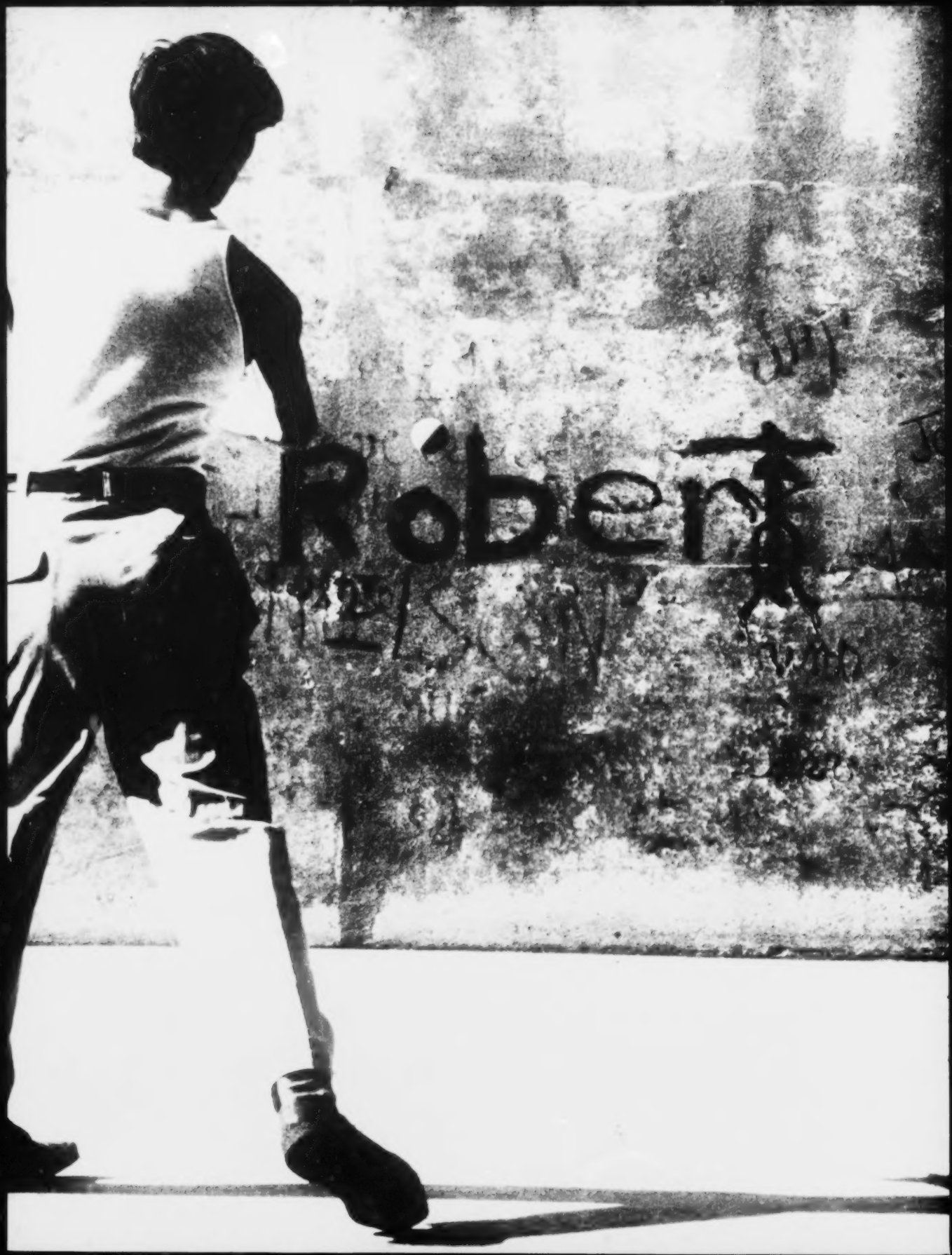
people from the preteen years to the 20s. This report, *Reaching Out to Youth,* offers recommendations to provide greater support and understanding for adolescents and young adults.

Leaders from throughout Texas served on each commission. Professionals in education, law, medicine, and the social sciences, service providers from both the public and private sectors, volunteers experienced in decision making as well as providing services, and family members of persons with mental illness worked together to bring a broad perspective to their studies. The commissioners gave extensive time to investigating issues, questioning officials, studying reports, and discussing how effective changes could be made. Each commission approached its tasks differently, but at the end of the three-year terms, each was more knowledgeable about the status of the populations studied and of ways in which its particular population might be helped to lead healthier and more satisfactory lives.

Members of the Commission on the Mental Health of Adolescents and Young Adults gave many hours of their time, sharing and discussing ideas and working through ways to eliminate barriers to services. Their recommendations set the stage for a number of ways in which Texas youth and their families can be helped through intervention for today's troubled youth and prevention of some of the problems for tomorrow's adolescents. Often, teenagers are considered too old for child care, too young for work, and not in need of special attention unless they get into trouble. Our youth deserve more than that. Support and encouragement are essential at every stage of life. For the sake of our youth, and of our society, we must reach out to our young people and help them on their path to adulthood.

Wayne H. Holtzman

Wayne H. Holtzman
President, Hogg Foundation for Mental Health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INTRODUCTION

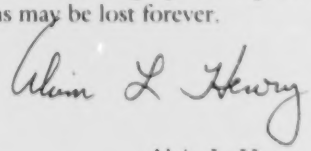
The first meeting of the Commission on the Mental Health of Adolescents and Young Adults was held on December 16, 1987. The Commission's 18 members, including professionals, civic leaders, and volunteers in youth-related endeavors, brought a wide variety of backgrounds and experiences to the quarterly meetings. They stated as their mission: 1) to study issues related to the mental health of adolescents and young adults and 2) to recommend action, in both the public and private sectors, to resolve these issues.

Three task forces were organized to study the mental health of adolescents and young adults in Texas. One task force focused on community interventions that could help to eliminate barriers to service delivery for youth. Another task force looked at how telecommunications could be used more effectively to assist adolescents and their families. The third task force studied minority college students and the effectiveness of Texas' colleges and universities in recruiting and retaining them.

The Commission decided very early on to go beyond drafting recommendations and to sponsor several events and publications that addressed the problems and obstacles confronted by adolescents and young adults. Commission members spent countless hours developing a conference, a radio and a television program, and two research projects. These projects have resulted in several tapes and publications that will be available for agencies and individuals interested in the issues confronting adolescents and young adults.

The obstacles that must be overcome by today's youth are large, complex, and often interrelated. For this reason, the Commission report and recommendations focus on the major and compounding issues of teen pregnancy, drug and alcohol abuse, juvenile delinquency, school dropout, and suicide. The number of youths who experience these problems is staggering, and the results are often tragic. Texas does not have an effective and well-thought-out strategy for helping our young people. Unless a teen is in crisis or in trouble with the law, little or no help is available. We believe that a lack of a comprehensive preventive focus for youth services is the single most important issue in Texas today.

The Commission members fully realize that the recommendations offered here are only a first step. It is up to individual Commission members, agency representatives, advocates, family members, and concerned citizens to use this report to inform the public of the issues, the severity of the problems, and the need for more preventive programs and resources for the youth of Texas. We hope that these recommendations can be used as a starting point for positive change in the Texas service delivery system for children and adolescents. Unless we act now, a high percentage of today's generation of young Texas citizens may be lost forever.



Alvin L. Henry
Chairman, Commission on the
Mental Health of Adolescents and Young Adults

PAY NOW—OR PAY THE CONSEQUENCES

This is the era of youth. In Texas, young people seem to be everywhere, and in a sense they are—one of every four Texans is under age 15, almost one of every five between the ages of 15 and 25. Together, children and youth under age 25 account for 42 percent of the population.[1]

The media generally portray one view of youth—a negative view of drugs, crime, illiteracy, suicide, and other problems that make headline news. Although a majority of young people are growing up without experiencing major problems, reports do not lie when they disclose increases in adolescent drug and alcohol abuse, early pregnancies and parenthood, vandalism and violence, cults and gangs. Educators do not exaggerate when they deplore the excessive number of school dropouts, the lack of adequate basic-skills development, the troubled youth who too often become youth in trouble.

These young people—this substantial number of Texas youth whose problems, or combination of problems, are more than they can handle—need help. In some ways, Texas is providing that help.

- Each year, the state spends $1,790 to educate one child in public school.[2]
- The state spends approximately $25,000 to house one juvenile offender in a training school per year.[3]
- In one recent year, Texas spent nearly $21 million in Aid to Families with Dependent Children (AFDC) payments to teenage mothers and their babies and approximately $73 million for 41,000 Medicaid deliveries, 31 percent of which were to women age 20 and under.[4]

But let's look at these expenditures from another perspective.

- For each cohort of school dropouts, $17.12 billion in income and taxes is lost to the state and costs increase in welfare, crime, incarceration, unemployment insurance, and adult training and education. On the other hand, for every dollar invested in keeping potential dropouts in school until they graduate, the state receives an estimated return of $9.[5]
- The average cost of providing AFDC, Medicaid, and food stamps to a low-income, unmarried teen mother and her child in 1988 was about $8,200. The cost of family planning services for a low-income teen that year was only $67.[6]
- For the amount it costs to keep one youth in a Texas Youth Commission (TYC) facility, the state could provide child care for two children in a low-income family for four years, or until they could attend public school.[7]

Pay now, or pay more later. It would appear that Texas adheres to the latter philosophy, too often intervening only after a youth has been arrested or injured or has dropped out of school. The cost of caring for an infant born at low birthweight to a teenage mother, of treating a youth who has overdosed on drugs, or of providing remediation for an adolescent who has broken into someone's home is many times higher than the cost of education, prenatal care, counseling, and other methods of support that might prevent occurence of these problems.

What is more, these payments reflect only the financial costs of later intervention. They do not begin to account for the human costs to young people and their families, nor do they take into account the fact that many of the problems of youth and young adults could be prevented or ameliorated with early intervention.

The mass media rarely focus on the many young Texans who are graduating from high school each year, attending college, holding jobs, and getting along with their peers and their families. Newspapers and television rarely mention youths who face a major problem and overcome it or who, despite their problems, make a successful transition to adulthood. Although such success is not featured prominently, these young people deserve our respect and support.

But far too many youths are troubled and in trouble, often facing compounding problems that they are unable to overcome. It is on these young people that the Commission focused its studies and attention and for them that it is recommending strategies for effective change. While no amount of money can undo the damage done to children growing up at risk, today's troubled youth can be helped, and life can be made smoother for the next generation of adolescents. Clearly, prevention and effective intervention are called for.

"In 1988, the federal government spent $19.83 billion in Aid to Families with Dependent Children, Medicaid, and food stamps to support families that began when the mother was a teenager. The U.S. could save $4.40 for every dollar invested in preventing unwanted pregnancy."

Behavior Today, July 2 and 9, 1990.

THE STATUS OF TEXAS YOUTH

A study of youth is complicated by a number of factors. Adolescence, by definition, is inexact. It covers a wide range of chronological ages and developmental stages, interests and abilities, family and societal expectations, and legal sanctions and restraints. For some purposes, ages 10 through 15, 16 through 18, and 19 through 24 form usable reference groups; for others, the dividing lines are based on legal ages, grade levels, and other specific reference points. In recent years, adolescence has been extended well into the 20s, in large part due to increased years of schooling and later entry into the job market and independence. Age divisions overlap and blur. For statistical data, this can cause difficulties; for descriptive purposes, it reflects reality.

By any definition, the number of youth is not static. Young people outnumbered their elders in the 1980s, making them the focus of attention in the media and the marketplace. There were almost seven million Texans under age 25 in 1985; by 2000, there will be an estimated eight million and by 2035, almost ten million.[8] The nation is aging, however, and projections indicate that even though the actual number of children and youth will increase, the proportion will decline. The middle-aged and elderly will gain an increasing share of the nation's notice and tax dollars, drawing attention and money away from adolescents and young adults.

Changes in population, family composition, and life-style also impact Texas youth. Young people are growing up in a state that is more racially and ethnically diverse than the one their parents knew. Hispanics are the fastest growing, and the youngest, population. The poverty rate among Hispanics is also rising the most rapidly.[9] In fact, despite increased living

standards for much of the population, one in four Texas children is growing up in poverty.[10] Fewer children are growing up in traditional two-parent families; a high percentage will spend at least some of their childhood years in single-parent families. And a majority is growing up with no parent at home after school as a rapidly increasing number of mothers of young children join the work force.[11]

The combined impact of all of these factors on children and families—on American society—has, in a sense, caught the nation unaware. As some societal problems have been solved, others have been created; as youth have reaped many advantages of modern society, they have been prey to disadvantages that were unanticipated. Increased numbers of children face an increasing array of risks.

- One in three Texas teenagers will drop out of school.[12]
- One in seven Texas girls will become a teenage parent.[13]
- One in six teenagers has no health insurance.[14]
- One in eight will be diagnosed with a mental illness.[15]
- One in three will consider suicide.[16]

These risks lead to others.

- Growing up in poverty, in violent and/or dysfunctional families, and being victims of physical or sexual abuse are common elements among prison inmates; drug and alcohol abuse, dropping out of high school, and not being able to find or keep a job are common problems. The typical prison inmate in Texas is an unemployed high school dropout with a drug or alcohol problem.[17]
- One of every three Texas students drops out of school, many as early as the seventh grade. At least one-fourth of these dropouts remain unemployed. Those who do find jobs earn far less than their peers who graduated from high school.[18]
- Substance abuse is a problem for four out of every ten youths served by the Texas Juvenile Probation Commission. In addition to crime, substance abuse often is implicated in homicides, accidents, and suicides, the leading causes of death among teenagers and young adults. It also causes grief to the next generation; children of alcoholics and drug abusers are particularly vulnerable to physical and mental health problems and to becoming substance abusers themselves, thus continuing a family cycle.[19]
- Almost half the teen mothers are unmarried and living in poverty, and the likelihood of improving their lives is limited. The average income of teen mothers is half that of those who first give birth in their 20s. Furthermore, their babies are at greater risk of birth defects and developmental delay, abuse and neglect, dropping behind grade level, and eventually dropping out of school. The cycle of defeat often continues, as children of young mothers are more likely than others to become teen parents themselves.[20]

This is only the beginning. The lost manpower of young persons idling in prison, the lost wages of adults unable to obtain or keep jobs, the loss in productivity and human dignity of men and women on welfare, will force increased payments for human services on a decreasing middle class in the years ahead, when today's infants are teenagers and young adults.

The lack of a skilled workforce, caused in large part by the inadequate education of today's youth, will have negative impact on the economy of the state and the nation.

Agencies, organizations, and individuals are addressing the problems of today's young people. Some of these programs are exemplary, responding to needs and providing effective remediation. Often, however, these efforts are fragmented or out of tune with current realities, offering too little, too late. Statistics attest to the fact that using a band-aid approach to provide remediation services for youth in serious trouble and giving low priority to those not yet in trouble is not working. Our youth, and our society, deserve more.

Responsible citizens can no longer afford to evade the problems of youth. "It's not my problem" has become an obsolete phrase. The welfare of today's children and youth has become everyone's problem. The cost of prevention and early intervention may seem high, but each year the costs escalate. The state—and the nation—cannot afford to delay.

The Commission, recognizing that it could not address all the problems of all the youth in Texas, focused its study on the individuals and groups that have a major influence on young people and on how these people and forces might use that influence in more positive and effective ways. Commission members analyzed barriers that prevent young people of various ages and circumstances from obtaining support, and they looked at ways in which to remove these barriers as well as to fill the gaps in needed services. They studied issues that are key to improving young lives, among them communication, community intervention, and creative delivery of services, and they sponsored activities and events designed to deal with these issues. Following are some of the facts gained from the studies, recommendations for policymakers and concerned citizens, and a review of the activities conducted.

FORCES FOR EFFECTIVE CHANGE

Many individuals and groups exert an influence on the young. Parents and families generally provide the first and most lasting impact, followed in varying degrees by schools, the media, peers, and a variety of agencies and organizations. The extent of influence of each of these agents changes over time, as does its effectiveness.

Service delivery systems for youth in many ways are out of sync with the times. Public school systems and human service agencies designed to serve a smaller, more homogeneous population in a simpler age are unable to provide either the number or quality of services needed today. Pressed to meet federal and state mandates and to serve a burgeoning number of youth, many schools and agencies are trying new approaches to service delivery, but the multitude of requirements and needs combined with a tendency to follow traditional methods militates against their use of innovative methods on more than a limited scale.

Call them hurdles, call them barriers, a number of things get in the way of youth and young adults receiving the help that they need. Lack of adequate funding is often cited, but funding in itself cannot remove all the barriers. Other impediments include (1) remedies that focus on individual functions or problems rather than on a holistic or comprehensive approach; (2) lack of coordination of services to help youths in the context of their families, school, and work; (3) major efforts for remediation with inadequate attention or funding for prevention; (4) lack of evaluation to determine the effectiveness of existing programs or key elements of that effectiveness; (5) inability of programs to attract high-risk youth and families that they are designed to serve; (6) lack of programs or resources for some specific populations in need, such as youth in rural areas and young people with mental illness; (7) inadequate understanding of, or sensitivity to, youth from different cultural backgrounds and of various abilities.

The age groups on which programs focus is another factor to consider. A number of preventive programs have been developed for infants and young children, a number of intervention programs to help teenagers in trouble. Young adolescents, however, are virtually ignored, with almost no programs available to help ease their path through school and to adulthood unless they break the law or experience a crisis.

Beyond the barriers is the question of responsibility. Among the agents that exert a strong degree of influence on today's young people, which is responsible for helping them? Parents are of prime importance, but they are only one of the many forces that play a role in adolescent development. Which group could exert a more positive influence, provide better role models, offer more help? And which, by working together, coordinating efforts in creative ways that would meet today's needs, could help smooth the transition to adulthood for a generation of youth?

Young people have become everyone's responsibility. Concern for their welfare, as individuals, should be a given. Beyond that, however, Texans must recognize that the problems of youth affect the economy, the safety, and the well-being of the state and the nation.

The recommendations that follow have been categorized into five areas that influence the lives of adolescents and young adults: schools, media, families, peers, and agencies and organizations. Within these areas, the Commission addressed strategies for improving ways to reach and serve Texas youth. Exemplary programs exist that consider and overcome many of the barriers to helping young people, but their number is limited. Many more creative efforts are needed. Key individuals and groups that affect youth might work, singly or together, to ameliorate the pain of troubled teenagers and young adults and help them make a smoother and safer transition to a more productive and satisfying adulthood.

SCHOOLS

Attending school is a primary occupation for most youth. From the ages of 5 to 18, most children and young people spend about one-third of their lives in school and additional hours in school-related activities. This impact on their lives is great, but it is not always positive. Books and articles in the 1980s were quick to point out ways in which schools were failing the nation's children, and some addressed ways in which the education process might be improved, especially for youth at risk. Less attention was given to methods that schools might use to meet other needs of young people, helping them overcome physical and mental health problems which, when compounded, would prevent their having successful and satisfying learning experiences. Schools should be credited for the positive influence they have on so many young lives, but they should be encouraged further to provide a base where, dividing tasks and responsibilities with others, they can reach out to and help youth in need. Although it would be unrealistic to assume that schools can solve all problems of the poor and the troubled, they provide a good base from which to try.

The need for help does not end with the completion of public schooling. Those young adults who enter the postsecondary institution arena, especially minority youth, often encounter new sets of difficulties which call for equally important interventions. (A full report of the Commission's research project on mental health issues among college students is being published in a separate volume tentatively titled *The Mental Health of College Students in Texas: Findings and Recommendations from a Multimethod Research Effort*. Recommendations pertaining to the postsecondary student population are included in that report.)

SCHOOL-BASED SERVICE DELIVERY

Problem

Many teenagers fail to obtain the help they need for dealing with drug and alcohol abuse, pregnancy, troubles with friends, concerns about schoolwork, and other personal problems because they are scared, uncomfortable, or don't know where to begin. Some lack the money to get help or worry that their families will find out. Others, busy at school and work, do not have the time. Still others do not know whom to ask or where to turn. Many perceive the traditional service delivery system, if they are aware of it at all, as virtually inaccessible due to distance, hours of

"Interventions that have the best chance of breaking the cycle of disadvantage are intensive, comprehensive, and flexible. Every bit as important, they are staffed by highly effective professionals and paraprofessionals who believe in their clients, understand their needs, and are willing to go to bat for them."

The Forgotten Half: Pathways to Success for America's Youth and Young Families. The William T. Grant Foundation Commission on Work, Family and Citizenship, November 1988.

operation, or cost. Despite the fact that a majority of youth spend most of their days in school, few treatment services are offered in this setting.

Recommendation

Independent school districts and local agencies and organizations that provide youth services should collaborate in the development and implementation of school-based and school-linked counseling and other mental and physical health services for students of every grade level and their families.

Discussion

Learning does not take place in a vacuum. For children and adolescents in school, mental and physical well-being, outlook on life, and concerns that range from the trivial to the monumental all have an impact on their ability to learn. Students who experience serious problems over a period of time often are not able to perform well in school, and teachers, called upon to handle an increasing number of duties beyond those of teaching, often have neither the time nor the training to help youth deal with these problems. Recommending off-campus counseling or treatment for the most part has proven neither practical nor effective.

An alternative approach that shows considerable promise is school-based social services. National awareness of the dropout problem has brought with it an awareness of links between school failure and other menaces to youth such as drug and alcohol abuse, teen pregnancy and parenthood, and crime. In turn, educators and service providers are recognizing the viability of addressing these interrelated problems in the context of a learning environment.

School-based and school-linked health and mental health services are based on the premise that if young people won't come to existing services to get the help they need, the services will come to them. Most adolescents attend school most of the time. There is greater likelihood that they will obtain the assistance they need, which may range from family counseling to birth control information to substance abuse intervention, if they have easy access to services.

Timeliness, comprehensiveness, and no cost or low cost are additional advantages of school-based services. These services can be effective in preventing problems as well as in intervening after a youngster is in trouble, and they can help troubled youth remain in school and improve their academic standing by helping them cope with their problems.

Students, their families, and communities at large have responded well to school-based projects. For youth who are poor and at risk, they have proven especially effective, not only providing needed services but also guiding youth in completing forms and following the many procedures that tend to deter even sophisticated adults.

The reorganization of service delivery is complex, and there are risks involved in combining large, well-entrenched systems. School-based services must be coordinated at the community level among local agencies

and organizations, the independent school district, and families. These groups are in the best position to know what is needed for their children, and their representatives—school officials and teachers, service providers, parents, and young people themselves—should decide what services to offer and how to implement them to reach students and serve them better.

Evaluations of school-based delivery efforts, based on sound data, are essential. They also are scarce. New efforts should be pilot-tested at designated sites, with outside evaluation incorporated into the program to determine the effectiveness of the process; the reaction of the different populations involved including school personnel, service providers, and families and students themselves; and overall program success. Many innovative programs have been deemed successful by both administrators and clients, but without an evaluation the effectiveness of these efforts cannot be validated. When budgets must be cut, evaluation often is considered the most expendable component, a short-sighted and ultimately program-defeating approach.

Examples

- Communities in Schools (CIS) is an in-school dropout prevention program that began in Houston in 1979 and by the 1988-89 school year had expanded to 12 Texas cities. Through a network of private nonprofit community organizations, CIS offers a variety of services that typically include tutoring, counseling, employment assistance, parent involvement, health information, and enrichment activities. The philosophy is that services to in-school, at-risk youth can be provided best in the school setting, and that an array of service agencies and organizations must work cooperatively to provide comprehensive services to these students. The program maintains a full-time office at each participating school.

In elementary and middle schools, CIS concentrates on personal counseling, parent consultation, and tutoring; in high schools vocational counseling, skill development, summer work experience, and cultural activities are added. The goals are to improve school attendance and academic achievement, develop employment skills, and decrease disruptive behavior. According to an independent evaluation, between 90 and 97 percent of the participants in 1988-89 remained in school.

The CIS state office is federally funded by the Job Training Partnership Act (JTPA) through an interagency contract between the Texas Department of Commerce and the Texas Employment Commission. Local programs are funded by grants and donations from the private and public sectors.

- The School of Tomorrow is a new school-based project based on the work of Dr. Edward Zigler and Dr. James Comer of Yale University. It is designed to use neighborhood schools as the sites for providing an array of treatment and preventive services, including counseling and therapy, for children identified in need of help and their families. Program elements include integrating community services, keeping school facilities open before and after school, evenings, and weekends, identifying and reaching more children in need of social services, and making services more accessible for low-income families.

Pilot testing of the School of Tomorrow will begin in fall 1990 at four Texas sites: Dallas, Houston, San Antonio, and Austin. Local civic leaders, service providers, and school personnel at each site worked together to determine the services and methods of program implementation most suitable for their respective campuses. Initial five-year funding is provided by the Hogg Foundation for Mental Health.

- Alternative schools provide a way for youth to leave the schools where they have had problems but continue their education in schools designed to meet their special needs. Although these schools differ, they tend to have several common elements: flexible schedules, individual attention, self-paced work, tutoring, mentor programs, and counseling and support services. Examples include George I. Sanchez High School, Houston; Foley's Academy, Houston; the PRIDE Center, San Marcos; Creative Rapid Learning Center, Austin.

- Another example, the B.H. Carroll Center for New Lives in Fort Worth, serves pregnant and new-mother teenagers. In addition to academic schooling, New Lives brings to campus the WIC program, medical care, social services, immunizations, and volunteer support. Infant day care on the school site enables new mothers to learn about child development and parenting while continuing their schooling.

MEDIA

Television, radio, and to a lesser extent videos, films, and records, exert tremendous influence on youth today. In fact, television may be a primary source of information for youth. "Sesame Street" exemplifies how teaching and entertainment can be combined to appeal to and reach a broad targeted audience. The media, if used wisely, have great potential for motivating and helping youth, but that potential has yet to be tapped in more than a cursory way.

PUBLIC AWARENESS

Problem

The ability to communicate quickly, worldwide, has grown phenomenally in the latter part of the 20th century. Yet, despite modern technology's impressive strides in transmitting words and pictures around the world in a matter of seconds, lack of communication remains a major problem at every level of society. Nowhere is this more apparent than in regard to adolescence. Not only is communication often strained or nonexistent between teenagers and their parents, but it also tends to be lacking between and among policymakers, agency administrators, researchers, program developers, service providers, parents, school personnel, and youths themselves.

The lack of access to reliable and accurate information is one barrier that prevents many adolescents and young adults from getting the assistance they need; lack of environments that encourage communication and understanding is another. The media, which have captured the attention of all ages, could be used far more effectively to inform, educate, and

increase public awareness of ways in which the mental health of youth and their families could be improved.

Recommendations

1. The creative use of public service announcements for television and radio should be expanded to:
a. attract and inform adolescents and young adults about how to cope with the stresses of growing up, with information included on how to obtain assistance locally for mental health problems; and
b. educate the general public about mental illness in adolescents and young adults, with an emphasis on reducing stigma and increasing understanding about emotional disturbance, drug and alcohol abuse, and suicide.
2. Participatory programming, such as live shows in which members of the audience could call in questions and comments, should be developed to provide nonthreatening forums for communication between youth and adults.

Discussion

Television — the most common daily activity of high school seniors[21] — can be a positive as well as a negative influence. The negative aspects of television have received considerable attention from researchers and a few stalwart activists. A similar comment can be made about the positive aspects of the media. Researchers, educators, and some concerned citizens recognize TV and radio as technological resources for constructive education, and some excellent programs have been developed. However, they don't "sell" and tend to be limited primarily to the public networks. More efforts should be expended to provide positive education for youth on commercial radio and television.

Commercial television also can be an effective tool for educating youth. One example of positive communication through TV is the anti-smoking campaign. Although it is true that other media such as radio and print were involved with television in this major national effort to eliminate cigarette advertising, TV's downplaying of smoking as a desirable activity for youth to emulate and public service announcements promoting good health are credited with playing a major role in accomplishing the campaign's goal. As a result, tobacco is the only substance that declined in use among teenagers in the 1980s.[22]

Public service announcements can be effective, but only if they are designed to appeal to their youthful audience and if they are shown or aired at times when young people are likely to hear or view them. Agencies that provide services to adolescents and young adults should work with local radio and TV stations to make sure that the information presented is accurate and that appropriate local services are highlighted. They also should encourage television, radio, and newspapers to publicize youth activities and services, listing telephone numbers that can be called for additional information. This type of media outreach can open the door for youth to obtain needed services as well as help dispel some of the misconceptions and stigma of mental illness.

Both television and radio can serve as catalysts for discussion and information exchange among parents, educators, people who work with youth, and youth themselves. Although this is not a new approach, it is one that demands more creativity and refinement if it is to be of value. "Talking heads"—selected experts sitting in a circle talking to each other or the audience—are unlikely to hold anyone's attention long enough to get the message across. A statewide commitment from broadcast owners to support a campaign at the local level would be a move in the right direction.

EXAMPLES

- A video sponsored by the Houston Urban League through grants from the Southwestern Bell Foundation called "Guess Who's Pregnant?" addresses the issue of teen pregnancy. This is a one-hour presentation which is based on the play of the same name. Support materials include overhead projector transparencies and a teacher's guide. The program is designed for use in school settings, community youth programs, and churches.

- A description of two media events conducted in Texas—"The Road to Adulthood," a call-in radio show, and "Connections: Building Bridges to Adulthood," a television workshop—are described in this report under Commission-Sponsored Projects. They exemplify how the media can be used to open communication between youths and adults.

FAMILIES

Parents and parenthood have been rediscovered. Education is receiving attention nationwide for new parents of infants and preschoolers, based on the recognition that parents are their children's first teachers. Important as this emphasis is, however, it should not preclude the importance of parental guidance and support for teenagers, especially in early adolescence. Yet, families of teenagers receive little attention unless their children exhibit serious problems.

It is generally recognized that family relationships change as children reach the teen years. Greater independence and less supervision are common indicators of growing up. But the continuing importance of parents in reinforcing values and guiding behavior should not be underestimated. Lack of parental guidance often leads to problems. A 1989 study of eighth graders found that the greater the length of time children and adolescents spend alone, the greater is their risk of abusing alcohol, tobacco, and marijuana, regardless of sex, race, performance in school, and involvement in sports, church, or other extracurricular activities.[23] A national poll of teachers indicated that isolation and lack of supervision after school are the major reasons children have difficulty in school.[24] Yet another study showed that young people's sense of their parents' caring for them was the most important factor in whether those children avoid childbearing in their teen years.[25]

Family support and its impact on development beyond early childhood is

only now beginning to be valued. Often, parents don't realize that they can smooth the way to adolescence by keeping communication open with their preteenagers, setting a pattern for what may be a more difficult time ahead. Often they fail to realize that older adolescents continue to need their guidance and supervision for healthy development.

The importance of families in helping their children cope positively with the normal problems of early adolescence must be recognized and encouraged. Their importance in supporting and assisting youth in need of professional help also should be recognized, especially by professional health providers. For treatment or therapy to be most effective, parents and siblings should be included as part of the support team.

FAMILY EDUCATION

Problem

Until recent times, parents were considered responsible for their children's behavior and for setting the example and environment for their beliefs, attitudes, and values. For today's generation, two phenomena—mothers joining the work force and television—have resulted in parental influence increasingly being supplanted by formal and informal child care, the media, and peers. Many parents would like to do more for their children but do not know how to approach or talk to their teenagers or the institutions, i.e., schools, that serve them. Some assume they are "going through a phase" that they will outgrow; others are so exhausted and stressed by their own lives that they relegate responsibility for their children's development to the school or their friends out of sheer necessity.

Recommendations

1. School administrators and teachers, parents, and students should develop viable strategies for communicating with one another and work together to prevent or remedy problems affecting adolescents and young adults, such as lack of supervision after school, drug and alcohol abuse, pregnancy, and dropouts.
2. Parent education materials should be made available through schools, county agricultural extension agents, churches, public libraries, grocery stores, health clinics, and other walk-in locations so that parents can obtain information to help their children have a positive and healthy teenage experience.

Discussion

For many generations of school children, Parent-Teacher Associations (PTAs) or Parent-Teacher Organizations (PTOs) provided a way for parents to meet school personnel and one another, obtain information about the school, and learn ways that they might help improve their children's education. Such organizations were strongest in the elementary schools, especially in schools that served predominantly middle-class families. For older youth and for the poor, they rarely played more than a nominal role.

A creative approach to school-parent-youth communication is essential today. Major factors to consider are meeting schedules that can maximize

attendance for parents and adolescents who are often employed many hours a day. Strategies must be developed to attract the interest and cooperation of potential participants. Structure and goals of the organization should be determined locally, with equal input from each of the participant groups.

When parents become involved in a school, whether serving on committees, assisting in lunch rooms, or participating in other activities, they develop a greater investment in the school and their children's education. In turn, children and adolescents begin to view their own or their friends' parents as people they are proud of, a rare opportunity for children who are poor or at risk. Schools should be encouraged to take the lead in bringing parents and students into the system and assuring them that they will play an important role.

Creativity also is required in developing simple print, video, and audio materials that would be honest and informative for both parents and their children. These materials could help counter the many negative and biased articles on youth and would provide support for families as well as education and guidance.

A review of preventive programs for families of adolescents found that most are curriculum-based and designed to be taught in a classroom-type setting. Generally they provide education rather than support and seem to be directed toward traditional, middle-class families. The study suggested several elements that should be considered in planning parenting programs, among them: 1) sensitivity to various educational levels, ethnic and cultural backgrounds, and learning styles; 2) optimal timing, for example addressing developmental changes and sexuality prior to adolescence rather than waiting until problems occur; 3) parent support through planned opportunities for parents to share concerns, experiences, and ideas with other parents; 4) referrals for social services for low-income and other families in need; and 5) alternate methods of program delivery that take into account the time pressures of working parents.[26] These and other ideas should be explored and developed without delay.

EXAMPLE

- Partners for Parenting is a collaborative effort of the Texas Agricultural Extension Service and the Children's Trust Fund of Texas. It was developed in response to parents' need for guidance to help lower the incidence of teenage suicide, drug and alcohol abuse, and pregnancy.

The program offers two services: a parenting education curriculum and resource library on the Texas A&M campus and training for county teams throughout the state to develop, implement, and evaluate parenting programs in their areas. County agents serve as facilitators for the volunteer teams, which determine the types of programming most appropriate for their communities. Activities include developing a parent support group focusing on a specific issue, conducting a series of parent lessons using one of the curricula selected from the resource library, or starting a peer-parent home visiting program. An annotated bibliography is available from the library for the county teams.

FAMILY INVOLVEMENT IN CRISES

Problem

Despite the fact that families play an important role in the development of youth, they are given little consideration by professionals and paraprofessionals when it comes to the development of programs, treatment methods, and public policy for adolescents and young adults experiencing crises.

Psychiatrists, psychologists, and other professionals who serve adolescents and young adults with serious emotional disturbance often view families as responsible for their children's conditions and as barriers to treatment rather than as resources. For this reason, when an adolescent is discharged from residential treatment, parents may be given little information about the youth's condition or how they can help. As a result, a teenager may come home to a situation that escalates the problem and negates any progress gained from the completed treatment.

Everyone benefits when parents are viewed as resources for helping their sons and daughters and are included in making decisions about their care. Parents and other family members become less dependent on the system, and they participate in the treatment process. In turn, youth gain parental support and begin working with their families rather than against them. The results can be positive for everyone concerned.

Many family members of youths experiencing emotional problems lack a stable and effective support system to help them through their children's crises. Most support groups are intended for families of adults with mental illness rather than children or adolescents. Although some of the problems experienced by these groups overlap, enough differences exist to warrant the creation of a separate organization for parents and families of children and adolescents with serious emotional disturbance.

Recommendations

1. Home-based counseling services should be an option offered by professional and paraprofessional mental health service providers for adolescents and young adults. For youths without a functional parent, efforts should be made to include appropriate family members in the treatment process.
2. Efforts by individuals and groups to build networks for families that have children and adolescents with emotional disturbances should be supported and encouraged. The local parent-teacher groups should be involved in the development of these support groups.

Discussion

Home-based service delivery is an excellent way to encourage and facilitate family involvement in the treatment and recovery of adolescents experiencing problems. Low-income and minority families tend to underutilize the state's mental health system. Often they feel uncomfortable in a clinical setting, and they may not want others to know that they cannot handle their own problems. Home-based counseling services can help overcome these concerns. They also can be used to involve a family in helping a youngster recover from a mental health crisis. Parents and other

family members can unknowingly trigger negative behaviors in their children. Once they are guided in ways to help their child at home, they may be able to reduce negative behaviors. Family understanding and support are essential for effective treatment or problem resolution.

For disturbed youth whose parents appear to be dysfunctional, an assessment must be made as to whether the home is the appropriate place for treatment. However, every attempt should be made to strengthen the family unit before sending a child to foster care.

The Children and Adolescent Service System Program (CASSP) State Advisory Group, a federally funded program implemented by the Texas Department of Mental Health and Mental Retardation (TDMHMR), has made the education and empowerment of parent and family members two of its key objectives. CASSP helps organize and plan conferences to educate families and facilitate organizing family support groups, the ultimate goal being to help families help themselves and to enable them to become active and effective advocates for youth services in Texas.

EXAMPLES

- One demonstration program recently funded by the TDMHMR and administered by Austin-Travis County MHMR is the Family Preservation Project (FPP), which is designed to decrease reliance on institutional and residential care for emotionally disturbed children and adolescents. Its main goal is to maintain and preserve the family unit through an ecological approach which recognizes the interrelationship between child, family, and community. The FPP is comprised of three components: Home-Based Crisis Intervention, In-Home Family Support, and Respite Care. Each component focuses on the family as the unit rather than the child as a client. The FPP also emphasizes the importance of developing a community support system to help provide a continuum of care through a network of services. The various components of the FPP are based on successful models developed in Tacoma, Washington and Middlebury, Vermont.[27]

- Several organizations are building support and advocacy groups for parents of children with emotional disturbances, among them the Texas Alliance for the Mentally Ill - Child and Adolescent Network (TEXAMI-CAN), Federation of Families, and Parent Connection. All provide support for family members and most offer education and training, information and referral, and organization for advocacy for Texas children and adolescents with emotional disturbances. Each group's goal is to help parents of children with mental illness help themselves rather than rely solely on the social service system.

PEERS

When it comes to seeking help, teenagers turn to their peers. Surveys indicate that two out of three high school students in Texas—67 percent—would turn first to their friends if they wanted help with a drug or alcohol abuse problem.[28] A majority of the 100,000 Texas youth who

run away from home each year turn to a friend or relative.[29] Whether they are selecting a college to attend or a pair of shoes to wear, young people tend to follow the advice or examples of their peers.

PEER MENTOR PROGRAMS

Problem

Adolescents may claim to want independence but apparently not from one another. Preteens look up to teenagers, and teenagers look to one another to determine what to buy, what to wear, and how to act. For most youth, this is a normal and harmless aspect of growing up. For youth at risk, modeling the actions of substance abusers or law breakers can lead to serious trouble. Educators and program planners should capitalize on the tendency of young people to rely on one another by using young people as models for positive behavior.

Recommendations

1. Public school districts throughout the state should expand, replicate, or adapt peer mentor programs, using youth in school to serve as tutors, models, and friends to younger students, especially members of minority groups and those who live in poverty.
2. Public/private partnerships should be encouraged to provide adult mentoring and role modeling, with young adults in college and the work force providing positive examples for older teens.

Discussion

High-quality early intervention services for preteens and young adolescents could help prevent many of the problems that are occurring in schools today. Among the most cost-effective approaches, beneficial for those providing the services as well as those receiving them, are peer mentor programs. Youngsters tend to look up to youths who are older than they. If all they see are youth in trouble, they are liable to try to be like them; if they are befriended by older youths who are succeeding in school, they are more likely to want to do well.

Some programs use the best students as tutors and models, but others turn problem students themselves into solutions by encouraging them, through pay or special rewards, to tutor younger children. In addition to tutoring, mentors listen to young people, give them advice and suggestions, and serve as positive influences and friends. Programs of this type can be adapted to fit local needs and resources. For older youths, the example of young adults who are succeeding in college or at work can provide the motivation and encouragement to help them stay in school and plan for the future.

Training and retaining mentors can be difficult, but the drawbacks are outweighed by the facts that volunteers make it low in cost, mentors gain almost as much as the persons they help, and many young people seem to benefit. More evaluation is needed to determine the effectiveness of mentor programs and how they can best be conducted.

Examples

- In Partners for Valued Youth, students at risk of dropping out in

middle and high school are trained to tutor elementary school children. The tutors help the younger children improve their academic skills and build a better self-image. In turn, the tutors improve their own academic skills, are recognized at student events, and have an opportunity to meet business people in the local community. Other results are decreased truancy and disciplinary problems as well as better relations among the school, home, and community. The program is sponsored by the Intercultural Development Research Association (IDRA) in two school districts in San Antonio with limited-English-proficient students.

- In a different approach, the Peer Assistance and Leadership Program (PAL) offers course credit for a class in peer assistance, which trains high school juniors and seniors to become pals and tutors to younger students. Since PAL began in 1980 in Austin on a pilot basis, the Texas Commission on Alcohol and Drug Abuse provided funds to start PAN-Texas, a peer assistance network to help schools throughout the state replicate PAL or develop similar programs.

- Adopt-A-School is a volunteer program sponsored by the local business community. In many instances, employees serve as mentors and role models for the children in their adopted schools. The businesses also contribute cash and in-kind gifts to help develop school resources. The program operates in cities and towns where the business community is willing to take an active part.

AGENCIES AND ORGANIZATIONS

State and local agencies and organizations play a larger role in the lives of youth than many realize. Every young person who drives a car must obtain a driver's license from the Department of Public Safety; every teenager who gets a summer job as a lifeguard must be certified by the American Red Cross. Parks and recreation departments, public libraries, employment commissions and agencies, and youth programs sponsored by Boys Scouts, YWCAs, churches, and other organizations are just a few of the agencies that serve children and youth.

For youth in poverty or with severe problems, other agencies play a dominant role. However, as noted earlier, their approach often is outmoded and the services provided are not as effective as they should be. New or revised approaches to service delivery should be explored that are relevant to current situations. Texas cannot afford, in either dollar cost or human cost, to use outmoded and ineffectual service delivery for the many youth who need help.

INTERAGENCY COORDINATION

Problem

Traditionally, service provision is determined by function. A teenage girl who lacks adequate reading skills, for example, is placed in a reading program; if she is pregnant, she is placed in a special program for pregnant teens. If she lacks reading skills and is pregnant, she may attend two separate programs, a third if she happens to also be on drugs. Only

recently have a few programs taken a holistic approach, focusing on the client rather than the specific problem or function.

There are barriers to a comprehensive approach. One is turfism; program directors often fear that they will lose funding and status if their function is only a portion in a continuum of services to an individual client. Another is tradition. People become comfortable doing things the way they have always done them. Change demands increased effort—and there is the chance, and sometimes the hope, that the new way may not work as well as the old. Even if service providers are willing to try new approaches, funding sources tend to perpetuate a functional orientation.

Most programs continue to address specific problems despite the fact that the major problems of youth—drug abuse, school failure, early pregnancy, and crime—tend to be interrelated. Without the cooperation of the family and the school, few major problems of youth can be overcome successfully. For both program and cost effectiveness, public and private agencies must plan and implement services together on behalf of their young clients.

Recommendations

1. Local education, health, and human service agencies should develop as one of their priorities a mechanism in which agency representatives can meet to discuss youth issues and share methods for serving youth and young adults.
2. Local city and county governments should conduct annual meetings to inform key decision makers about services to teenagers and young adults in their community and to identify actions needed to break down barriers to services. Direct care workers can provide information and serve as discussion facilitators at these meetings. Evaluation of the meetings would provide feedback for planning future meetings that would best meet community needs.

Discussion

Persons who work in the field often have ideas of how to improve youth services; decision makers, concerned with many programs and populations, may have other thoughts. By bringing decision makers and field workers from different agencies and programs together, the key players would gain a better understanding of others who work with youth and a broader perspective of problems and needs. This would aid in coordinating local services, potentially providing better and more cost-effective programs.

Through increased local coordination efforts, more realistic service plans could be devised. Each relevant agency, however, must accept responsibility for carrying out its assigned, and agreed to, part of the plan. Each level of services — national, state, and local — must encourage interagency collaboration. Without support and follow through, nothing will change.

Examples

- The Mental Health Association in Texas has taken the lead in bringing together commissioners and executive directors of public agencies that provide services to children and adolescents to develop a budget

package that clearly designates which agencies are willing to provide specified needed services throughout the state. If this budget package is adopted, it should lead to more efficient and effective youth services, with tasks and responsibilities clearly defined and understood.

- Project Redirection, El Paso, exemplifies community cooperation at the local level. Administered by the YWCA of El Paso, with funding from the Texas Department of Human Services, this program for pregnant teens and teenage parents offers comprehensive health, education, employment, and social services through a wide variety of local agencies. To promote community involvement, the project has an advisory council of representatives from agencies, service organizations, schools, and the news media who serve on working committees to improve support services as well as advocate for services for teen parents.

- The Community Leadership Conference, which brought together a broad range of local community leaders and key agency staff from Travis County, Texas, was sponsored by one of the Commission's task forces. This conference is described in more detail in this report under Commission-Sponsored Projects.

INFORMATION SHARING

Problem

Finding the appropriate agency or program that offers the service one needs can be a nightmare for a young person in need of help. Among the common barriers are lack of knowledge about where to go, lack of family support, fear or embarrassment about requesting help, concern about cost, not recognizing that help might be available, and sheer inertia. These barriers can be minimized through improved communication at the community level as well as within service agencies and organizations.

Lack of communication among agencies not only prevents knowledge sharing about available services, but it also affects the quality of the services that are provided. For children and adolescents who use more than one agency or program, it is essential that each provider be given information about the type and amount of services rendered previously so that the client can receive the most appropriate and effective treatment. Technology exists for developing a client registry system. The following recommendations suggest ways to improve young people's chances of obtaining appropriate services.

Recommendations

1. Information and referral systems (I&R) should be established in communities to provide, through one phone number and on a 24-hour basis, information about existing adolescent services, how to determine the most appropriate resources, and how to access them. This I&R system should be the responsibility of one lead agency but developed in coordination with all the agencies that provide services to youth.
2. Each agency that provides services to youth should designate one staff member to be responsible for maintaining current information on programs offered by that agency and for presenting this information at interagency staff training sessions at least one year.

3. A computer-based client registry program should be developed to maintain records of youth who receive social services, the help or treatment provided, and the outcome of the methods used. All agency service providers should have access to the information that is pertinent to the treatment of their clients.
4. A community warmline, staffed by trained volunteers and offering a variety of short, accurate, and timely audiotapes on topics of interest to youth, should be established for teenagers to call if they have questions, concerns, or want to obtain help.

Discussion

Young people and their families in need of help often have difficulty accessing "the system," that is, the state and local agencies and organizations that might be able to help them. With the continuing changes in social services—existing programs change functions or are phased out, new programs are created, agencies reorganize, personnel come and go—even the most sophisticated would have difficulty keeping up with available services.

At the community level, an I&R system would eliminate this problem by providing one phone number to call for assistance. The information should be maintained on a computer database to permit frequent updating as well as to provide printouts or a resource manual describing service agencies and listing their programs and contact persons. Communities might designate a local agency to lead in developing the I&R system and appoint a small advisory group composed of consumers, parents, and agency representatives to ensure that information about services is adequately communicated to the target population. As a function of an existing group, or if operated in part by volunteer help, a service of this type could be inexpensive and cost effective.

Some communication problems exist within agencies themselves. Especially in large social service agencies, it is possible for direct service staff to be unaware of all of the resources that their own agency is able to provide. More often, service providers are unfamiliar with other community resources, programs, and eligibility requirements. Training can help eliminate these information gaps, enabling staff to refer clients to appropriate resources. When information on available services is not communicated to adolescents who need them, the services tend to be underutilized and, in time, eliminated. An added advantage of cross-agency training is that it improves informal communication among caseworkers, case managers, clinic workers, and other key staff of the various service agencies. This, in turn, makes staff more knowledgeable about available community services and better able to help youth in need.

Traditionally, agencies have declined to share information about persons they serve on more than an informal basis. Issues about confidentiality have hampered formal information sharing. Depending on the type of services rendered and the age of the person served, there may be rules and regulations designed to safeguard a citizen's rights, preventing agencies from divulging information without the consumers' permission. However, without knowledge of previous services and their effectiveness—

whether a specific medication accomplished its purpose, for example, or counseling was successful—the most appropriate new services cannot be provided. Lack of knowledge can create problems of other sorts, such as one system's returning a runaway to an abusive or substance-abusing family because another system withheld information about abuse reported previously.

Computer programs can be designed to include information from basic demographic data on the consumer as recorded by other agencies. They can also be designed to include previously performed screenings that would assist in the decisions about the consumer's current treatment plan. Ways of minimizing the impact of the confidentiality issue in preventing information exchange should be addressed by state and local boards of agencies that provide services to children and adolescents and aided by the legal profession (e.g., Association of Young Lawyers).

Warmlines that young people can call anonymously and without cost have proven effective. An evaluation of the telephone counseling service at The University of Texas, which was initiated in the early 1970s for the campus community, revealed that the warmline served several functions, from providing help in a crisis to offering a listening ear for students who are lonely or afraid and need someone to whom they can talk. The evaluation showed that tapes recorded by professionals and worded to appeal to the target audience provided an effective and confidential way to offer information. Trained volunteers to staff warmlines keep costs low.

Examples

- The Texas Network for Children based in Austin, Texas, has designed computer software programs for referring youth to appropriate services. The software includes an information and referral system; a system that matches individual children and adolescents with appropriate, available, and affordable residential placement; a database on youth in residential placement; and a program that demonstrates outcomes of proposed changes in the existing system of residential programs for children and adolescents. The purpose of this computerized information system is to provide instant, current information regarding placement availability across the state for youth with a wide range of problems and needs from basic care to institutionalization.

- No Hang Ups! is a telephone call-in service of the Education Center of Sheppard Pratt Hospital in Baltimore that offers tapes on everything from sex to communicating with parents to how to handle anger. Clinical professionals developed the tapes, which were reviewed by relevant organizations as well as by high school students. Word-of-mouth has proven to be the most effective means of informing teenagers about the tapes, but TV public service announcements as well as flyers, bookmarks, and posters in schools, libraries, and community agencies are used. *In Tune with Teens*, a booklet published by the hospital to explain the tapes to parents and other adults, also provides facts and resources for parents and suggests ways to talk about what may be perceived as sensitive subjects.[30]

THE NEXT STEPS: ROLES AND RESPONSIBILITIES

It is one thing to recommend changes in policies and programs, another to put those changes into effect. Institutional change is a slow process, calling for firm commitment and understanding at every level from policy-makers to parents. Many teachers, social workers, probation officers, and others in the front line working with young people see a need for change and are doing what they can to bring it about. Individual efforts, though essential, are not enough. Each of the following plays a key role in turning recommendations into action. Responsibility rests at many levels.

FEDERAL AND STATE GOVERNMENT

In the 1960s, the government dominated and directed the field of human services. Neither federal nor state government can be relied upon to develop the guidelines or provide the funds for expanding human services. Nonetheless, grants, loans, and subsidies continue to be available for program development for youth and their families, college education and skill training, and a wide range of health care. Texas should investigate ways to garner a greater share of federal funds for Medicaid and other social programs that are effective in preventing or lessening the extent of physical, mental, and social problems.

Public policy should continue to serve as the broad guide for instituting change. It is the legislature's responsibility to set policy and to appropriate funds for carrying out social programs in underserved areas and for underserved populations.

LOCAL GOVERNMENTS

In many communities, local governments are taking over the role vacated by the federal government of funding human services. The "designed in Washington" label no longer applies. If programs are not designed and planned at the community level, they are not going to take place. A common dilemma is whether to pay for prevention and early intervention programs for children and adolescents, or pay increased costs later for special education and criminal justice.

PUBLIC SCHOOL SYSTEMS

Local school board members and school administrators can play a key role in improving services for adolescents and young adults. With the changes that have taken place in American families and social structure in the past few decades, schools are becoming the setting for new tasks and responsibilities, ranging from after-school care to health clinics. To say that child care or counseling or health services are not the concern of public schools is to deny today's reality.

HUMAN SERVICE AGENCIES

Because the schools play a significant part in the lives of most adolescents, it is common practice to single them out as the cause of many problems of youth as well as the locus for potential remedy. But the education system alone cannot assume responsibility for all young people in need of help. The entire human service system—health, mental health, employment, criminal justice, welfare—must share this responsibility, updating their goals and service delivery processes as well as their programs to meet current needs.

"To produce real cooperation among agencies with fiscal and turf rivalries is a tough but necessary task that first requires new levels of leadership in the agencies involved."

Harold Howe II. Teenage America: Myths and Realities. *Family Resource Coalition Report*, Vol. 9, No. 1, 1990.

Agencies should explore ways to adapt their methods for providing services to youth to meet present conditions. This means not waiting for those in need to come to them, but going to the schools and the families in their homes to provide services. It means being flexible, exploring new approaches and evaluating them to ensure that they are effective. It means recognizing the importance of maintaining accurate data bases and planning strategies for legislative support. Perhaps most important, it means that agencies no longer can afford to work independently of one another. There is neither the time nor the money to build and protect turf. Only through collaboration and cooperation can state agencies and institutions provide the kinds of comprehensive quality services required to help today's young persons in trouble or at risk.

PARENTS, FAMILIES, AND ADVOCACY GROUPS

Parents must accept their share of responsibility for their children. This should be understood, but too many signs indicate that it is not. Parents should be encouraged and helped to communicate with their children and to recognize the importance of guiding them throughout the years.

Parents, as taxpayers and advocates, can bring pressure for positive change. Individuals and groups concerned about helping adolescents and young adults should be encouraged to advocate on their behalf. Time was when children had few vocal advocates. The Children's Defense Fund (CDF) has changed that, providing a solid support for young children and inspiring other groups to speak up and act on their behalf. An effort similar to CDF is needed on behalf of older children.

TEXAS CITIZENS

Public complacency should not be tolerated. The general public should become more knowledgeable and understanding of the problems of youth. With this understanding might come action—action to prevent some problems and overcome some of the problems that already exist. Caring, concerned citizens can serve as catalysts for bringing about needed mandates, appropriations, and change.

Some of the facts about youth and young adults can be disturbing, disheartening, even frightening. We cannot, however, bury our heads in the sand. The problems of youth are not problems that will just go away; they are not someone else's problem. Although much is being done to improve intolerable situations, far more is needed. The recommendations of the Commission on the Mental Health of Adolescents and Young Adults are merely a beginning. Support and action are called for if these recommendations are to make a difference.

TELECOMMUNICATIONS

To demonstrate how the media can be used for encouraging communication between adolescents and adults, the Commission sponsored two events. "The Road to Adulthood" was a live call-in radio program broadcast on October 25, 1989, over 12 National Public Radio (NPR) stations in Texas. In the first hour, four teens discussed problems as they perceived them and shared their personal stories with the listening audience. In the second hour, four mental health professionals discussed comments made by the adolescents in the earlier part of the show. Listeners from around the state were encouraged to call the radio station with questions and comments throughout the program.

A live interactive television workshop, "Connections: Building Bridges to Adulthood," was broadcast February 28, 1990, to 26 sites across the state. A panel of professionals commented on building connections between youth and key areas or influences in their lives—home/school, peers, community, and business—and responded to questions from viewers. Also, four pretaped video segments were presented that highlighted effective collaborative efforts in Texas that are helping adolescents and young adults. During the TV Workshops, community leaders and concerned citizens met at each site to address issues discussed on the telecast. An evaluation of "Connections" will provide useful material for future television efforts.

COMMUNITY INTERVENTIONS

Two demonstration projects were initiated to ameliorate some of the barriers that exist in the delivery of services to youth. One was the publication of *Community Intervention Resource Notebook*, a workbook summarizing the organizational structure, tasks, and budgets of state agencies that provide services for youth in Texas. The workbook contains a diagram illustrating how state agencies that provide services to youth are interrelated.

The other project was a local conference that brought together a broad range of official community leaders and key agency staff of one Texas county to identify barriers to serving youth. Participants worked together to develop an action plan to eliminate the identified system barriers. A formal report describing the development of this Community Leadership Conference will be available for other communities interested in replicating the meeting. Plans are under way to act on the highest priority recommendations developed during the conference.

MENTAL HEALTH OF COLLEGE STUDENTS

Retention rates in Texas colleges and universities, particularly for minority students, indicate that recruitment and acceptance into college are only a first hurdle. Even after entering a postsecondary institution, far too many youth are not successfully completing their courses of study. This reality led the Commission to develop an initiative focused on the mental health of minority college students in Texas.

Three social scientists were recruited to conduct interrelated studies with the common goal of identifying factors that help students and faculty

COMMISSION-SPONSORED PROJECTS

"Efforts to produce success in school—without complementary efforts in families and communities—are unlikely to make a substantial difference for young people."

Harold Howe II. Teenage America: Myths and Realities. *Family Resource Coalition Report*, Vol. 9, No. 1, 1990.

succeed in postsecondary institutions. The first study contrasted the stresses and coping styles of majority and minority students at a selected group of representative Texas colleges and universities. In general, the findings indicate that minority students do not experience the same stresses as majority students nor do they use similar coping methods in dealing with their stresses.

The second study focused on the attitudes and experiences of faculty at the same sample of Texas institutions. Although faculty in general appear satisfied with their situations, they believe today's students require greater attention than those of former years and that time spent in student interaction and mentoring is not rewarded as highly as time invested in research and scholarly activities.

The final study addressed retention programs in 22 four-year Texas institutions and examined the impact of those programs on minority student retention. A significant positive relationship was found to exist between minority retention rates and the existence of extensive support programs for at-risk students.

Together, these three studies provide a detailed portrait of Texas college and university environments and offer information for policy and funding considerations.

The following resources are not presented as models, nor do they represent the many exemplary efforts being carrried out to support youth and their families in Texas. Rather, they are cited in the report only as examples of some of the different types of efforts that can be made to improve the lives of young Texans today and in the future.

SCHOOL-BASED PROGRAMS

Communities in Schools
TEC Building
1117 Trinity Street, 324T
Austin, TX 78778-0001
Phone: (512) 463-0425

The School of Tomorrow Project
Hogg Foundation for Mental Health
The University of Texas
Austin, TX 78713-7998
Phone: (512) 471-5041

George I. Sanchez High School,
204 Clifton
Houston, TX 77011
Phone: (713) 926-1112

Foley's Academy
1110 Main Street
Houston, TX 77002
Phone: (713) 751-0904

The PRIDE Center
P.O. Box 1087
San Marcos, TX 78666
Phone: (512) 396-6864

Creative Rapid Learning Center
408 Congress Avenue
Austin, TX 78701
Phone: (512) 472-8220

B.H. Carroll Center for New Lives
Fort Worth Independent School District
3210 W. Lancaster
Fort Worth, TX 76107
Phone: (817) 731-3346

MEDIA PROGRAMS

Videotape: "Guess Who's Pregnant?"
Southwestern Bell Telephone Company, Public Relations Division
One Bell Plaza, Room 3040
Dallas, TX 75202
Phone: (214) 464-2832

Audiotape: "The Road to Adulthood"
North Texas Public Broadcasting, Inc.
3000 Harry Hines Boulevard
Dallas, TX 75201
Phone: (214) 871-1390

Videotapes: "Connections: Building Bridges to Adulthood"
North Texas Public Broadcasting, Inc.
3000 Harry Hines Boulevard
Dallas, TX 75201
Phone: (214) 871-1390

FAMILY PROGRAMS

Partners for Parenting
Texas Agricultural Extension Service
239 Special Services Building
College Station, TX 77843-2251
Phone: (409) 845-6468

Family Preservation Project
Austin-Travis County MHMR
3001 South Lamar, Suite 203
Austin, TX 78704
Phone: (512) 479-6158

Child and Adolescent Network
TEXAMI-CAN
400 W. 15th Street, Suite 619
Austin, TX 78701
Phone: (512) 474-2225

Federation of Families
1203 15th Street
South Houston, TX 77587
Phone: (713) 941-8993

Parent Connection
200 Academy Drive
Conroe, TX 77301
Phone: (409) 760-5805 Ext.5680

PEER PROGRAMS

Partners for Valued Youth
5835 Callaghan Road, Suite 350
San Antonio, TX 78228
Phone: (512) 684-8180

Peer Assistance and Leadership Program (PAL)
1700 West 6th Street
Austin, TX 78703
Phone: (512) 477-4491

Adopt-A-School
Greater Austin Chamber of Commerce
P.O. Box 1967
Austin, TX 78767
Phone: (512) 322-5628

AGENCY AND ORGANIZATION PROGRAMS

Mental Health Association in Texas
8401 Shoal Creek Boulevard
Austin, TX 78758-7544
Phone: (512) 454-3706

Project Redirection
YWCA
1918 Texas Avenue
El Paso, TX 79901
Phone: (915) 533-2311

Texas Network for Children
P.O. Box 162611
Austin, TX 78716-2611
Phone: (512) 478-6662

No Hang Ups!
Sheppard Pratt NCHD
6501 N. Charles St.
P.O. Box 5503
Baltimore, MD 21285-5503
Phone: (301) 938-3929

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PUBLICATIONS OF THE COMMISSION ON THE MENTAL HEALTH OF ADOLESCENTS AND YOUNG ADULTS

Texas Teens: The Status of Adolescents
Louise K. Iscoe, 1990

This is a book of facts about teenagers in Texas, with statistics on their health and well-being, education, employment, and major troubles, among them substance abuse, pregnancy and parenthood, and crime. Examples of Texas programs that are helping youth in need are described.

Community Intervention Resource Notebook
David Austin and Ida Michie, 1990

This manual provides basic information about how state services are organized for Texas children and adolescents in trouble. It includes an overview of Texas state government and brief descriptions, diagrams, and 1988 expenditures by key agencies.

The Mental Health of College Students in Texas: Findings and Recommendations from a Multimethod Research Effort
Marion Tolbert Coleman, Editor (forthcoming)

This monograph portrays the differential college experiences of majority and minority students at Texas postsecondary institutions. Surveys of students and faculty as well as a profile of retention and support programs provide the data base for this analysis of college environments.

The Community Leadership Conference— An Initiative on Behalf of Children and Youth
(in press)

Described in this booklet are conference preparations, procedures, and highlights that can be useful for communities interested in conducting similar efforts.

The Road to Adulthood
1989

Four teenagers discuss the problems of youth as they perceive them, and four mental health professionals respond on this 90-minute audiotape of a live call-in radio program produced by KERA-FM, Dallas.

Connections: Building Bridges to Adulthood
1990

On two two-hour videotapes, a panel of professionals comment on building connections between young people and their homes and schools, peers, communities, and the work place. Also available: a 30-minute tape of four adolescents and how connections to key resources helped them inprove their lives. This television workshop was produced by KERA-TV, Dallas.

HOGG FOUNDATION FOR MENTAL HEALTH
The University of Texas
Austin, Texas 78713-7998

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